MULTIPLE DE. NDENT CLAIM									SERIAL NO.				FILING DATE		
FEE CALCULATION SHEET												1			
(FOR USE WITH FORM PTO-875)									APPLICANT(S) 11/5/4					<del></del>	
							CLAIM	IS		10	1-5-	87 V	<del>A/</del>		
	146	AS FILED AFTER AFTER										AFTER			
	AS FILED		I"AMENDMENT		2 <sup>™</sup> AMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT		
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OTAL DEP	ra	<b>+</b> [	_	<b>+</b> [	•	<b>(-</b>	10	TAL DEP	•	<b>(=  </b>	_	<b>+</b> [	•	<b>(-</b>	
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CLAIMS	70						٢	LAIMS		05040					
PTO - 1369	(KEV. 1104)										ENT of COM				

## BEST AVAILABLE COPY